E. prp@dhhs.vic.gov.au

RISK OF ABUSE OR NEGLECT REVIEW APPLICATION FORM

Please use this form if:

- a Victorian assisted reproductive treatment (ART) provider (or a Victorian doctor) has refused to carry out an ART procedure on a woman because they reasonably believe that a child that may be born as a result of the ART procedure would be at risk of abuse or neglect; and
- you want to apply to the Patient Review Panel for a review of the ART provider's (or doctor's) refusal under section 15(1)(c) of the *Assisted Reproductive Treatment Act 2008*.

For office use only

Date received D D M M Y Y Case code R I S

Section 1: Applicant 1 Details

Date of Birth D D M M Y Y Title

First name

Last name

Street/postal address

Suburb

State Postcode

Phone number

Email address

Section 2: Applicant 2 Details (if applicable)

Date of Birth D D M M Y Y Title

First name

Last name

Street/postal address

Suburb

State Postcode

Phone number

Email address

If there are any additional applicants, please provide details at Section 6.

Patient Review Panel

GPO Box 4541
MELBOURNE VIC 3001

P. +61 3 9096 2806
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Section 3: Please identify the woman on whom an ART provider or a doctor has refused to carry out an ART procedure. Please circle:

	Applicant 1	Applicant 2	Another person (please provide details below)
Date of Birth	D D M M Y Y	Title	
First name			
Last name			
Street/postal address			
Suburb			
State		Postcode	
Phone number			
Email address			

Section 4: Assisted Reproductive Treatment provider / doctor

Please circle the ART provider (or provide the doctor's name) that has refused to carry out a treatment procedure on a woman because the provider or doctor reasonably believes that a child that may be born as a result of a treatment procedure carried out on the woman would be at risk of abuse or neglect.

Adora Fertility Melbourne | **Ballarat IVF** | **City Babies** | **City Fertility Centre** | **Genea Melbourne** | **Melbourne IVF** | **Monash IVF** | **Newlife IVF** | **Number 1 Fertility**

Name and contact details of doctor (if relevant):

First name	
Last name	

Section 5: Reason for refusal

Please **attach** a copy of the ART provider's (or the doctor's) written reasons for refusing to carry out the treatment procedure - this should explain why they reasonably believe that a child that may be born as a result of a treatment procedure carried out would be at risk of abuse or neglect.

NOTE: If you have not already been provided with written reasons for the refusal, please contact the ART provider (or doctor) and ask for these to be provided to you, and then attach a copy to this application form.

Section 6: Additional information

Please provide any additional information you would like the Panel to be aware of, including details of any applicants not named at sections 1 and 2 above (attach additional sheets if required).

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Section 7: Consent to share information

The Patient Review Panel may need to contact the ART provider (or doctor) to discuss your application, the reasons for refusing to carry out a treatment procedure and to obtain any files or records that it has relating to the refusal to carry out a treatment procedure. You are not required to provide this consent but if you do not then the Panel may not be in a position to be able to approve your application or the hearing of your application may be adjourned pending receipt of additional information.

Section 7a: Applicant 1 Signature

I consent to the Patient Review Panel contacting the above-named ART provider (or doctor) regarding the reasons for refusal and any other matters relevant to this application.

Signature ..... Date D D M M Y Y

Section 7b: Applicant 2 Signature

I consent to the Patient Review Panel contacting the above-named ART provider (or doctor) regarding the reasons for refusal and any other matters relevant to this application.

Signature ..... Date D D M M Y Y

Completed forms can be:

- Scanned and emailed to prp@dhhs.vic.gov.au

Privacy Statement

The Patient Review Panel collects personal and health information relating to you as part of its role in considering applications for treatment in accordance with the *Assisted Reproductive Treatment Act 2008*. This information is handled in compliance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

The collection of this information is necessary for the Panel to perform its functions. The Panel's ability to handle and determine your application may be hindered if you do not disclose/provide all relevant information.

All information provided will only be used for the purposes intended. All information will be treated as confidential unless otherwise required by law.

In some circumstances the Panel may discuss your application with your ART provider or disclose information about you to a third party for the purposes of obtaining an opinion/assessment/information about your application. Where it is intended to disclose information to a third party your consent will be sought.

Outcomes of applications will be recorded and reported on in a de-identified statistical form and a copy of the certified decision provided to your ART provider. If a decision of the Panel may be reasonably expected to have a significant impact on the way in which treatment is carried out in Victoria the Panel must provide the Victorian Assisted Reproductive Treatment Authority with a de-identified copy of the decision (you will be advised where this occurs).

The information the Panel holds about you can be accessed by you upon request to the Associate.